

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2811

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529 impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@drl.state.wi.us

Website: <http://drl.wi.gov>

FAX#: (608) 261-7083

BUREAU OF HEALTH PROFESSIONS

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed please find the application packet that you recently requested from the Wisconsin Department of Regulation and Licensing, Bureau of Health Professions.

Please take a moment to review the entire application packet before you begin to complete your application, to avoid any unnecessary errors.

After your application is received, the Bureau of Health Professions staff will review it and send you a check sheet outlining the status of your application. You can expect to receive this check sheet within 4-6 weeks after you have submitted your application.

Upon receipt of this check sheet it is your obligation as an applicant to see to it that the items listed as "Is Required" are sent directly to our office. We will not request these items from any other agency or jurisdiction.

PLEASE DO NOT CALL OUR OFFICE TO INQUIRE AS TO THE STATUS OF YOUR APPLICATION AS THIS WILL ONLY DELAY THE PROCESSING OF ALL PENDING APPLICATIONS.

If the Bureau staff requires additional information, we will contact you.

All applications are required to be completely processed by Bureau staff no later than 30 days after the application is complete. An application is not considered complete until all required documents are received by the Bureau office.

All credentials, permanent and temporary, will be issued in accordance with the directives given to the Bureau of Health Professions Staff by the various examining boards that are serviced by this Bureau.

Your official credential to practice your profession will be mailed to you within 14 days from the date that it is issued.

#2070 (Rev. 5/00)

Ch. 15.40, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
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FUNERAL DIRECTORS EXAMINING BOARD

EXAMINATION APPLICATION INSTRUCTIONS

1. FILING AN APPLICATION

The Wisconsin Funeral Directors Examination is administered by the Department of Regulation and Licensing. All new applicants for the examination must submit the following:

- A. Application for Examination (Form #1590).
- B. Official transcripts of academic college instruction (see Item 3).
- C. Certified transcript from the School of Mortuary Science attended.
- D. Fee (see Item 2).
- E. Reciprocal applicants must also provide a certification from each state in which you hold or held a license using Form #1576 (see Item 3.B for requirements on obtaining Wisconsin licensure).

Retake applicants must complete and return the Application For Examination (Form #1590) and the fee listed in Item 2 below.

Completed applications should be submitted to the address listed above. Applications hand delivered or mailed by special courier should use the following street address: 1400 East Washington Avenue, Room 173, Madison, WI 53703.

2. FEES

The fees for the initial examination and the reciprocal examination are listed below. The fees must be remitted with the Application for Examination (Form #1590). Please make check or money order payable to the Department of Regulation and Licensing.

Initial Examination	\$110.00	(\$53 credential fee plus \$57 exam fee)
Retake exam	\$57.00	
Reciprocal Examination	\$192.00	(\$135 reciprocal fee plus \$57 exam fee)
Retake exam	\$57.00	

3. ENTRANCE REQUIREMENTS

- A. Applicants applying for the initial examination must submit evidence of having completed 9 months or more instruction in a prescribed course in a mortuary science school; and two years of academic instruction in a college or university for the following semester credit hours:

English & Speech - 6; Social Sciences - 12; Natural Sciences - 15; Business Studies - 13; Electives - 14

Official transcripts of academic college instruction must be submitted with the application for examination. The board will review the transcripts and determine that all semester credits have been completed. A certified transcript from the school of mortuary science must be submitted with the application. All college credits and completion of mortuary school must be completed at the time of application.

Wisconsin Department of Regulation & Licensing

B. Applicants applying for the reciprocal examination must submit all of the following:

1. Applications For Examination (Form #1590).
2. Certification (Form #1576) completed by **each** state in which you hold or held a funeral directors license.
3. Official transcript verifying completion of two academic years of instruction.
4. Official transcript verifying completion of at least 9 months or more instruction in mortuary science.
Note: Mortuary science credits cannot be used to fulfill the required two academic years of instruction credits.
5. Reciprocity application fee of \$192.00.

Requirements for licensure by reciprocity in Wisconsin are defined in sec. 445.08, Stats.:

445.08 Reciprocity in issuance of licenses

(1) Any person holding a valid license as a funeral director or embalmer in another state having requirements substantially equal to those in this state for a funeral director's license may apply for a license to practice in this state by filing with the examining board a certified statement from an authorized official of the state in which the applicant holds a license, showing the qualifications upon which said license was granted. Thereupon the examining board may, upon the payment of the required fee, issue a funeral director's license.

(4)(a) Applications for the examination at a time and place to be arranged and conducted by the examining board for a reciprocal funeral director's license shall be in writing and verified on a blank to be prescribed and furnished by the examining board, and be accompanied by such proof of compliance with the requirements for a reciprocal funeral director's license and with such other information as the examining board requires and shall be accompanied by the examination fee for each application.

4. EXAMINATION DATES AND FILING DEADLINES

The Wisconsin Funeral Directors Examining Board now accepts the National Board Examination (NBE) passing scores. Applicants who have passed the NBE will only be required to pass the Wisconsin State Laws Examination. Information on the NBE can be obtained at www.cfsbe.org. Beginning November 10, 2001, **all** applicants for an original funeral director's license will be required to pass the Wisconsin State Laws Examination and the NBE. The Funeral Service Science and Funeral Service Arts examinations will no longer be administered.

Listed below are the examination dates and filing deadlines. The examinations will be administered each month at four different sites:

Madison	Department of Regulation and Licensing
Eau Claire	Chippewa Valley Technical College
Green Bay	Northeast Wisconsin Technical College
Waukesha	Waukesha County Technical College

<u>Examination Dates</u>	<u>Filing Deadlines</u>
January 8, 2005	December 8, 2005
February 12, 2005	January 12, 2005
March 12, 2005	February 12, 2005
April 9, 2005	March 9, 2005
May 14, 2005	April 14, 2005
June 11, 2005	May 11, 2005
July 9, 2005	June 9, 2005
August 13, 2005	July 13, 2005
September 10, 2005	August 10, 2005
October 8, 2005	September 8, 2005
November 12, 2005	October 12, 2005
December 10, 2005	November 10, 2005

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The completed application and fee must reach our office no later than 30 days before the scheduled examination. Applications will not be accepted after the deadline date.

5. EXAMINATION CONTENT

The Wisconsin State Laws examination consists of 106 multiple-choice questions on the statutes and administrative codes. A grade of 75 is required.

A copy of the Wisconsin Statutes and Administrative Code Relating to the practice of funeral directors is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at docsales@doa.state.wi.us.

6. ADMISSION TICKETS

An admission ticket will be mailed to each applicant approved for admission to the examination approximately 10 days prior to the examination date. The admission ticket will include the time, date and location of the examination in addition to identifying the parts of the examination for which the applicant is scheduled.

No one will be admitted to the examination without an admission ticket and an official signed identification. An acceptable form of identification is a driver's license, State of Wisconsin identification card, passport, immigration card, or notarized photograph (signed and notarized on the back of the photograph).

7. RESULTS

Applicants will receive examination results by mail approximately four weeks after the examination date. Applicants who pass the examination will be sent an APPLICATION FOR ORIGINAL FUNERAL DIRECTOR CREDENTIAL (Form #403) along with the results. Apprentice applicants will not be eligible for a credential until all apprenticeship requirements have been completed.

8. EXAMINATION REVIEW

Applicants who fail the examination administered by the Department may review their failed examination(s) for a fee of \$28.00. Call the Office of Examinations at (608) 266-2852 to schedule an appointment. The request should be made at least two weeks prior to the date you would like to appear. Review of the examination is permitted up to thirty (30) days prior to the next examination date.

9. REFUND/POSTPONEMENT POLICY

The Department's refund or postponement policy is outlined in s. RL 4.06(1) and (2), Wis. Admin. Code.

RL 4.06 Refunds. 1) A refund of all but \$10.00 of the fee shall be granted if:

- (a) An applicant is found to be unqualified for an examination administered by the department or board;
- (b) An applicant is found to be unqualified for a credential for which no examination is required;
- (c) An applicant withdraws an application by written notice to the department or board at least 10 days in advance of any scheduled examination; or
- (d) An applicant who fails to take an examination administered by the department or board either provides written notice at least 10 days in advance that the applicant is unable to take the examination, or if written notice was not provided, submits a written explanation satisfactory to the department or board that the applicant's failure to take the examination resulted from extreme personal hardship.

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- 2) An applicant eligible for a refund may forfeit the refund and choose instead to take an examination administered within 18 months of the originally scheduled examination at no added charge.
- 3) An applicant who misses an examination as a result of being called to active military duty shall receive a full refund, except if an examination service vendor does not refund the applicant's cost to the department or board. These costs shall not be included in the department's or board's refund to the applicant. The applicant requesting the refund must supply a copy of the call up orders or a letter from the commanding officer attesting to the call up.
- 4) Applicants who pay fees to test providers other than the department are subject to the refund policy established by the test provider.

10. MORTUARY SCHOOLS/SCHOOL CODES

00001	American Academy McAllister Institute of Funeral Service, New York, NY	00021	Milwaukee Area Technical College - Milwaukee, WI
00002	Catonsville Community College - Catonsville, MD	00022	Mt. Hood Community College - Gresham, OR
00003	Central State University - Edmond, OK	00023	New England Institute of Applied Arts & Sciences Boston, MA
00004	Cincinnati College of Mortuary Science - Cincinnati, OH	00024	Northampton County Area Community College - Bethlehem, PA
00005	Commonwealth College of Funeral Service - Houston, TX	00025	Northwest Mississippi Junior College - Southhaven, MS
00006	Cypress College, Cypress, CA	00026	Pittsburgh Institute of Mortuary Science - Pittsburgh, PA
00007	Dallas Institute of Funeral Service - Dallas, TX	00027	St. Louis Community College - St. Louis, MO
00008	Delgado Community College - New Orleans, LA	00028	San Antonio College - St. Louis, MO
00009	East Mississippi Junior College - Cooba, MS	00029	San Francisco College of Mortuary Science - San Francisco, CA
00010	Fayetteville Technical Institute - Fayetteville, NC	00030	Simmons School of Mortuary Science - Syracuse, NY
00011	Gupton-Jones College of Funeral Service - Atlanta GA	00031	Southern Illinois University - Carbondale, IL
00012	Hudson Valley Community College - Troy, NY	00032	State University of New York - Canton, NY
00013	Jefferson State Junior College - Birmingham, AL	00033	State University of New York - Farmingdale, NY
00014	John A. Gupton College - Nashville, TN	00034	University of District of Columbia - Washington, DC
00015	John Tyler Community College - Chester, VA	00035	University of Minnesota - Minneapolis, MN
00016	Kansas City Community College - Kansas City, KS	00036	Vincennes University Junior College - Vincennes, IN
00017	McNeese State University - Lake Charles, LA	00037	Wayne State University - Detroit, MI
00018	Mercer County Community College - Trenton, NJ	00038	Worsham College of Mortuary Science - Skokie, IL
00019	Miami-Dade Community College - Miami, FL	00039	School not listed
00020	Mid-America College of Funeral Service - Jeffersonville, IN	00040	College of Boca Raton - Boca Raton, FL

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FUNERAL DIRECTORS EXAMINING BOARD

APPLICATION FOR EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

SECTION B:

1. School Code: _____ School Name: _____
(See list of schools in item #11 in the instruction packet (Form #1017))

Date of Graduation: _____

2. Have you been issued a Wisconsin apprentice permit? ☐ Yes ☐ No
If yes, please indicate the name and address of the funeral establishment:

3. Have you been issued a license in another state? ☐ Yes ☐ No
If yes, list all states in which you hold or held a license.

4. Exam Date Requested: _____ Location: _____
5. **Examination Parts**
Initial Funeral Director Exam Reciprocal Funeral Director Exam
_____ State Laws Exam _____ State Laws Exam
_____ Date Passed NBE

For Receipting Use Only

Application Fee: Make check payable to the Department of Regulation and Licensing and attach check to application for type of license you are applying for.

- ☐ \$ 110.00 Initial Exam
☐ \$ 57.00 Retake Initial Exam
☐ \$ 192.00 Reciprocal Exam
☐ \$ 57.00 Retake Reciprocal Exam

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>	<input type="checkbox"/>	<input type="checkbox"/>

And if in another name, what name? _____

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

SECTION C: AFFIDAVIT OF APPLICANT:

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public.
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ Signature	_____ Date
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Signed and sworn before me this _____ day of _____, 20 _____.

_____ Signature of Notary Public	_____ Date
-------------------------------------	---------------

My commission (is permanent) _____ expires _____.

SEAL

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FUNERAL DIRECTORS EXAMINING BOARD

CERTIFICATION FROM ANOTHER STATE

IMPORTANT: TO BE COMPLETED BY THE STATE BOARD IN THE STATE WHERE YOU RECEIVED YOUR ORIGINAL OR CURRENT LICENSE.

We hereby certify that the following is a correct and true statement of the records of the State of _____ for the person named herein.

NOTE: If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

NAME OF APPLICANT: _____ Date of Birth _____

ADDRESS: _____

NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____

ADDRESS OF COLLEGE OR UNIVERSITY: _____
(No. & Street, City, State, Zip Code)

NAME OF MORTUARY SCHOOL ATTENDED: _____

ADDRESS OF MORTUARY SCHOOL: _____
(No. & Street, City, State, Zip Code)

DATE COMPLETED: _____

LICENSED BY: ☐ EXEMPTION ☐ RECIPROCITY ☐ EXAMINATION

LICENSE(S) HELD

DATE ORIGINAL LICENSE ISSUED

DATE EXPIRES OR EXPIRED

Has any license held by the person named herein ever been revoked, suspended, limited, cancelled or otherwise disciplined? ☐ Yes ☐ No (If yes, provide details on reverse side.)

We further certify that the above named person has always had a good record as a funeral director in the state of _____ as far as our records show.

SEAL

SIGNATURE: _____

TITLE: _____

DATE: _____

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

